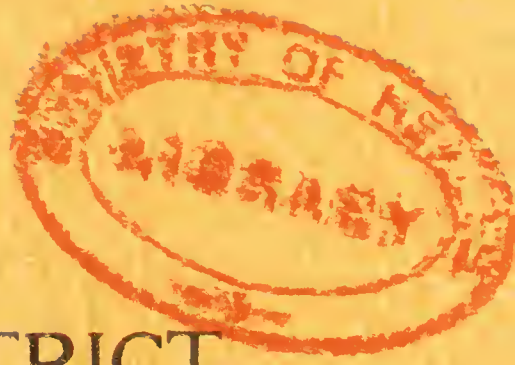


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BOLDON URBAN DISTRICT.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1938.

J. CLEMINSON,

M.B., B.S., B.Hy., D.P.H.

BOLDON URBAN DISTRICT.

ANNUAL REPORT

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J. CLEMINSON,

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Boldon Urban District Council, 1938.

Chairman :
COUNCILLOR J. TRACEY.

Vice-Chairman :
COUNCILLOR R. PARRY.

COUN. J. G. DURHAM.	COUN. E. NEWTON.
„ C. S. GREGERSEN.	„ MRS. M. STEWART.
„ J. A. JOHNSON.	„ J. SUMMERBELL, J.P.
„ C. KIRTON.	„ J. WHITE.
„ T. DAVIS.	„ J. CORNTHWAITE, J.P.

Chairman of the Health Committee :
COUNCILLOR J. CORNTHWAITE, J.P.

HEALTH DEPARTMENT,

COUNCIL OFFICES,
EAST BOLDON.

Officials.

Medical Officer of Health : J. CLEMINSON, M.B., B.S.,
B.HY., D.P.H.

Deputy „ „ „ J. ROBERTSON, M.B., B.S.

Sanitary Inspector : G. HART A.R.S.I., M.S.I.A., R.S.I.,
Certificate for Inspection of Meat and other Foods.

Clerk to the Health Department : MRS. H. GREEN.

INFECTIOUS DISEASES HOSPITAL.

Medical Superintendent : DR. J. CLEMINSON, M.B., B.S.,
B.HY., D.P.H.

Matron : MISS A. VEALE,

BOLDON URBAN DISTRICT COUNCIL.

*To the Chairman and Members of the
Baldon Urban District Council.*

MR. CHAIRMAN, MADAM AND GENTLEMEN,

I beg to submit my First Annual Report upon the Health and Sanitary condition of your District for the year 1938. In this report is also incorporated the report of the Sanitary Inspector.

The past year has seen the completion for the immediate future, of the chief problems connected with slum clearance in your area, whilst the question of overcrowding is being dealt with satisfactorily. The past year has also seen a marked increase in the incidence of diphtheria, especially during the summer months, but the increase has been common with that of the County as a whole, and may be explained as being due to the natural cycle of incidence which this disease shews.

I gratefully acknowledge the assistance of all your Officers and the loyal support of the members of the Council, at all times during the past year.

J. CLEMINSON,

Medical Officer of Health.

HEALTH OFFICE,
JUNE, 1939.

GENERAL STATISTICS.

The Area of the District in acres is 8,400.

The Registrar-General's estimate of resident population mid-year 1938, is 16,620

The number of inhabited houses (end of 1938) according to the Rate Books is 4,600.

The rateable value is £79,097

The sum represented by a Penny Rate is £282 10s. 5d.

SOCIAL CONDITIONS.

The district is partly residential in character but the bulk of the population is chiefly engaged in mining (and subsidiary industries) and in agriculture.

During the past year there has, unfortunately, still been a good deal of unemployment and the number of unemployed on the books of the local Employment Exchanges shews an increase over the preceding year (see below). There has been practically no change in the basic rate of wages, and in many cases these are extremely low. Generally speaking, there is no serious malnutrition throughout the area, and the children have, in many cases, been helped by the provision of free, or very cheap milk at school.

UNEMPLOYMENT.

The following table shows the extent of unemployment in the district :—

<i>Date.</i>	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
19th December, 1938	760	23	783

The number of unemployed for the previous year was as follows :—

<i>Date.</i>	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
20th December, 1937	614	18	632

VITAL STATISTICS FOR THE YEAR 1938.

BIRTHS AND BIRTH RATE.

The nett number of births in the District (corrected by the Registrar-General for inward and outward transfers) was 232.

The sex and legitimacy classification is shewn thus :—

	<i>Total.</i>	<i>Male.</i>	<i>Female.</i>
Live Births :—	232	122	110
Legitimate	224	117	107
Illegitimate	8	5	3

The Birth Rate per 1,000 of the estimated population is 13.9

This compares with a Birth Rate of 15.1 per 1,000 of the population of England and Wales.

The following table shews (a) the total number of births ; (b) the number of males born ; (c) the number of females born ; (d) the Birth Rate per 1,000 of the population and (e) the total increase of the population *i.e.* the excess of births over deaths, for the year 1938 and for the immediately preceding five years.

TABLE I.

	Year.	Total Births.	Males.	Females	Birth Rate per 1,000	Total Increase.
SOUTH SHIELDS	1933	322	165	157	15.6	90
RURAL	1934	315	158	157	14.2	71
DISTRICT	1935	320	170	150	14.6	69
BOLDON	1936	267	142	125	14.2	58
URBAN	1937	234	126	108	14.0	32
DISTRICT	1938	232	122	110	13.9	34

STILL BIRTHS.

During 1938 there were 11 Still Births in the District.

Still-Births :—	<i>Male.</i>	<i>Female.</i>
Legitimate	5	6
Illegitimate . . . . .	..	..

This gives a rate of 53 per 1,000 Total Live and Still Births.

The Still Birth Rate of the estimated population is 0.78 per 1,000.

That for England and Wales is 0.60 per 1,000.

DEATHS AND DEATH RATE.

During 1938 there were 150 deaths registered as having occurred within the district, namely, 73 males and 77 females.

The number of deaths of non-residents was 3 males and 3 females.

The number of deaths of residents in the district, which occurred outside the district, was 32 males and 22 females.

The total number of deaths therefore, when corrected for the inward and outward transfer, is 102 male and 96 female. (Total 198).

The Death Rate (corrected for outward and inward transfers) and including death from all causes and at all ages, was 11.9 per 1,000 of the estimated population calculated locally.

The Registrar-General supplies a factor for obtaining a crude Death Rate for the District. This enables the crude Death Rate in the Boldon Urban District to be compared with the crude Death Rate of the country as a whole. Such crude Death Rates are shewn thus :—

Boldon Urban District 13.45 per 1,000 of the estimated Population.

England and Wales 11.6 per 1,000 of the estimated Population.

The following Table shews the variation in the Birth and Death Rates and the increase in population during the preceding five years, as compared with 1938.

TABLE II.

	Year	Birth Rate.	Death Rate.	Natural Increase in population per 1,000 Living.
SOUTH SHIELDS RURAL DISTRICT	1933	15.6	11.0	4.6
	1934	14.2	11.9	2.3
	1935	14.6	11.4	3.2
BOLDON URBAN DISTRICT.	1936	14.2	11.7	2.5
	1937	14.0	12.07	1.93
	1938	13.9	11.9	2.0

During 1938, 18 children died under the age of five years. Therefore 9.09% of the total deaths were of children under five years.

DEATHS FROM PUERPERAL CAUSES.

There was one death notified as due to Puerperal Sepsis or other puerperal causes.

	<i>Deaths.</i>	<i>Death Rate per 1,000 Total (Live and Still Births.</i>
Puerperal Sepsis . . .	nil.	nil.
Other puerperal causes . . .	1	4.08

The comparative figures for England and Wales were :
Death Rate per 1,000 total births from Puerperal Sepsis, 0.86

Death Rate per 1,000 total births from other Puerperal Causes 2.11

The total maternal mortality for England and Wales is 2.97 per 1,000 total births (*i.e.* Live and Still).

INFANTILE MORTALITY.

DEATH RATE OF INFANTS UNDER ONE YEAR.

13 children died during 1938 before attaining the age of One year.

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Legitimate	7	6	13
Illegitimate	nil.	nil.	nil.

The Death Rate of infants under one year is shewn according to the total number of Live Births and Legitimacy :—

Death Rate for all infants per 1,000 Live Births	56.5
Death Rate for Legitimate infants per 1,000 Legitimate Live Births	58.0
Death Rate for Illegitimate Infants per 1,000 Illegitimate Live Births	0.0

The following table shews the infantile mortality rate for all infants per 1,000 Live Births in 1938 as compared with the preceding ten years.

TABLE III.

Infantile Mortality per 1,000 Live Births.

	<i>Year.</i>	<i>Rate.</i>
SOUTH SHIELDS RURAL DISTRICT.	1928	76
	1929	67
	1930	40
	1931	88
	1932	49
	1933	46
	1934	85
	1935	65
BOLDON URBAN DISTRICT	1936	63
	1937	81
	1938	56.5

The infantile mortality rate is slowly declining, the figure of 56.5 comparing favourably with an average figure of 60.1 for the preceding ten years. The figure for 1938 also compares favourably, in spite of being slightly higher, with the corresponding figure for England and Wales, which is 53. The infantile mortality rate and the sanitary conditions of an area bear a close relationship to each other. As the sanitary conditions improve, the infantile mortality rate falls.

Of the 13 infants who died, five died from congenital malformation prematurity and debility (atrophy and marasmus).

This gives a % of 38.46 deaths of all the infants who died.

DEATHS FROM ZYMOTIC DISEASES.

During the year 1938, there were 12 deaths from the chief Zymotic Diseases.

The following Table shews the number of deaths from the chief Zymotic Diseases for the past 5 years.

TABLE IV.

Population ..	21000	22170	21990	17000	16740	16620
Year	1933	1934	1935	1936	1937	1938
Measles (all ages)	nil.	2	3	1	2	nil.
Whooping Cough (all ages)	nil.	nil.	nil.	nil.	nil.	nil.
Diarrhoea (under 2 years of age)	1	1	1	1	1	2
Scarlet Fever	1	1	nil.	nil.	nil.	2
Diphtheria	nil.	nil.	nil.	nil.	3	8
Typhoid and Para-typhoid Fever	nil.	nil.	nil.	nil.	nil.	nil.
	2	4	4	2	6	12

DEATHS FROM CANCER (all ages).

The following table shews the comparative figure for the preceding 10 years.

TABLE V.

	Year	Population	Deaths. Male & Female	Death Rate per 1,000 population
SOUTH SHIELDS RURAL DISTRICT	1928	20,740	19	0.91
	1929	20,730	28	1.35
	1930	20,850	22	1.05
	1931	20,630	32	1.55
	1932	20,770	38	1.82
	1933	21,000	28	1.43
	1934	22,170	20	0.91
	1935	21,990	30	1.37
BOLDON	1936	17,000	37	2.20
URBAN	1937	16,740	24	1.41
DISTRICT	1938	16,620	23	1.40

BOLDON URBAN DISTRICT.
STATISTICS FROM THE REGISTRAR GENERAL.

BOLDON URBAN DISTRICT, 1938.

RESIDENT POPULATION.

(a) 16,620

(b) Nil.

COMPARABILITY FACTOR—1.13.

The causes of all the deaths in the district during 1938 of males and females are shown in the following table supplied by the Registrar-General.

TABLE VI.
**CAUSES OF DEATH IN BOLDON URBAN DISTRICT
 DURING 1938.**

	<i>Causes of Death.</i>	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
1.	Typhoid and Paratyphoid Fever .....	..	..	..
2.	Measles .....	..	..	..
3.	Scarlet Fever	1	1	2
4.	Whooping Cough .....	..	..	..
5.	Diphtheria	3	5	8
6.	Influenza	2	3	5
7.	Encephalitis Lethargica ....	..	..	..
8.	Cerebro-spinal fever .....	..	..	..
9.	Tuberculosis of Respiratory system	7	4	11
10.	Other Tuberculosis diseases ..	..	1	1
11.	Syphilis .....	..	..	..
12.	G.P.I., tables, etc.	1	1	2
13.	Cancer, malignant disease ..	9	14	23
14.	Diabetes	2	2	4
15.	Cerebral haemorrhage, etc. ..	4	7	11
16.	Heart Disease	19	23	42

	<i>Causes of Death.</i>	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
17.	Aneurysm .....	..	..	..
18.	Other circulatory diseases ..	7	4	11
19.	Bronchitis .....	..	2	2
20.	Pneumonia (all forms)	4	5	9
21.	Other respiratory diseases	4	..	4
22.	Peptic Ulcer	4	..	4
23.	Diarrhoea under 2 years	1	1	2
24.	Appendicitis .....	..	..	..
25.	Cirrhosis of liver	4	..	4
26.	Other diseases of liver, etc. ..	1	1	2
27.	Other digestive diseases	3	1	4
28.	Nephritis	7	3	10
29.	Puerperal Sepsis .....	..	..	..
30.	Other puerperal causes .....	..	1	1
31.	Congenital debility, premature birth, malformations, etc.	4	2	6
32.	Senility	1	..	1
33.	Suicide	1	..	1
34.	Other violence	5	5	10
35.	Other defined diseases	8	10	18
36.	Causes ill-defined or unknown ..	..	..	..
		102	96	198

It will be seen that the commonest cause of death within the district is that due to organic heart disease. Such disease is chiefly due to rheumatism, as a rule contracted during the early years of life. It is possible that housing and working conditions within the district, especially in the past, by contributing to a high incidence of rheumatism amongst the population, have some bearing upon the deaths from this cause.

The following table shows the Birth Rates, Death Rates, Analysis of Mortality, Maternal Death Rates, and Case Rates for certain infectious diseases in the year 1938 for England and Wales, London, 126 Great Towns and 148 Smaller Towns :

TABLE VII.

BIRTH RATES, DEATH RATES, ANALYSIS OF MORTALITY, MATERNAL
DEATH RATES, AND CASE RATES FOR CERTAIN INFECTIOUS DISEASES
IN THE YEAR 1938.

England and Wales, London 126 Great Towns and 148 Smaller Towns.

(Provisional Figures based on Weekly and Quarterly Returns).

	England and Wales.	126 County Boro's. and Great Towns including London.	148 Smaller Towns (Resident Populations 25,000 to 50,000 at 1931 Census).	London Administrative County.
	Rates per 1,000 Population.			
BIRTHS—				
Live	15.1	15.0	15.4	13.4
Still	0.60	0.65	0.60	0.48
DEATHS—				
All Causes	11.6	11.7	11.0	11.4
Typhoid and Para- Typhoid fevers	0.00	0.00	0.00	0.00
Smallpox	0.00	..	0.00	..
Measles	0.04	0.05	0.03	0.06
Scarlet fever	0.01	0.01	0.01	0.01
Whooping Cough	0.03	0.03	0.02	0.03
Diphtheria	0.07	0.07	0.06	0.05
Influenza	0.11	0.10	0.11	0.06
NOTIFICATIONS—				
Smallpox	0.00	0.00	0.00	..
Scarlet fever	2.41	2.60	2.58	2.05
Diphtheria	1.58	1.85	1.53	1.90
Enteric fever	0.03	0.03	0.04	0.05
Erysipelas	0.40	0.46	0.39	0.46
Pneumonia	1.10	1.28	0.98	0.98
	Rates per 1,000 Live Births.			
Deaths under 1 year of age	53	57	51	57
Deaths from Diarrhoea and Enteritis under 2 years of age	5.5	7.8	3.6	13.1
MATERNAL MORTALITY—				
Puerperal Sepsis	0.89	} Not available.		
Others	2.19			
Total	3.08			
	Rates per 1,000 Total Births (i.e., Live and Still).			
MATERNAL MORTALITY—				
Puerperal Sepsis	0.86	} Not available.		
Others	2.11			
Total	2.97			
NOTIFICATIONS—				
Puerperal fever	} 14.42	18.08	12.51	3.53
Puerperal Pyrexia ..				15.46

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

LABORATORY FACILITIES.

Bacteriological Examinations of sputa and throat swabs are undertaken by the University of Durham at King's College, Newcastle-upon-Tyne, by arrangement with the County Council.

Bacteriological Examination for the Year 1939 :—

<i>For Tubercle Bacilli.</i>	<i>For Diphtheria.</i>
Positive 4	Positive 7
Negative 24	Negative . . . 15
<hr style="width: 50px; margin: 0 auto;"/> 28 <hr style="width: 50px; margin: 0 auto;"/>	<hr style="width: 50px; margin: 0 auto;"/> 22 <hr style="width: 50px; margin: 0 auto;"/>

AMBULANCE FACILITIES.

The Boldon Urban District Council provides a motor ambulance which is used for the removal, from the home to the hospital, of cases of infectious disease, and also for the return of patients when recovered to their homes.

This Ambulance is also used for non-infectious cases and is hired privately by residents in the area at a nominal charge.

Ambulances are provided by the Colliery Companies at Boldon Colliery and at Whitburn Colliery. These Ambulances are chiefly used for the employees of the respective collieries.

The Ambulance facilities in the district are adequate.

NURSING IN THE HOME.—As before.

If a case of infectious disease should arise whereby removal of the patient to hospital was impossible arrangements would be made to have the case nursed at home, if possible by nurses from the Boldon Isolation Hospital.

TREATMENT CENTRES AND CLINICS.—Treatment Centres and Clinics are situated at all Public and Voluntary Hospitals in the surrounding district. A Maternity and Child Welfare Clinic is held at Whitburn and Boldon Colliery.

HOSPITALS AVAILABLE FOR THE DISTRICT—No change.

Boldon Urban District Council possess an Isolation Hospital which is situated at East Boldon. This Hospital is available for the treatment of all cases of infectious disease which may arise in the District, and when necessary cases from other Districts are also admitted for treatment.

During the past year, 235 new cases of infectious disease were admitted to the wards. The number of cases in hospital on 1st January, 1938 was 12, and the number on 31st December, 1938, was 19.

A summary of the cases admitted is shewn thus :—

Scarlet Fever 173

Diphtheria 62

Of the cases which were admitted from other districts, these are shewn thus :—

	<i>Scarlet Fever.</i>	<i>Diphtheria.</i>
South Shields	40	6
Seaham Harbour	3	1

Owing to the large incidence of infectious disease in the Boldon Urban District the admission of cases other than those arising from within the district, was discontinued in July.

The Hospital consists of two blocks, one primarily devoted to the reception of cases of scarlet fever, and the other to cases of diphtheria.

During practically the whole of the past year, the hospital has consistently been full to capacity, and at times overcrowded. To deal with the extra rush of cases it was found necessary to augment the staff. The lack of an admission block, and of adequate side ward accommodation has been keenly felt. Because of the lack of an admission block a case notified to the hospital as scarlet fever, must be admitted straight to the scarlet fever ward, and similarly with diphtheria, a case notified

as diphtheria, is admitted straight to the diphtheria ward. There have been several instances during the past year when cases admitted as being one disease, have been found to be cases of mixed infection, or some other disease altogether. This has resulted in the patients already in the wards when these cases were admitted, being subjected to fresh infection, and in some cases, the new admissions have also been subject to infection from the patients already in the wards. Although every case is nursed as separately as possible, cross infection due to this system has and will occur. Thus, one or two cases admitted with chicken pox during the present year, caused a mild outbreak in one of the wards. This type of cross infection is especially liable to occur during conditions of overcrowding such as was experienced during the past year. The provision of an admission block, into which all new cases could be admitted and kept under observation for a while, would greatly tend to reduce the risk of cross infection between cases. Such a ward will be provided at the new joint hospital when this is built. The absence of a side ward is especially felt with cases of mixed infection, and with cases in which complications arise. One or two cases of mixed infection, with both scarlet fever and diphtheria, have presented especial difficulty during the past year from the point of view of treatment, but fortunately no cases of cross infection occurred from these.

There was quite a high incidence *i.e.* approximately about 15% of complications fortunately not of a very serious nature, amongst the cases of scarlet fever which were admitted. In my opinion, this incidence can chiefly be ascribed to the mixing together in the ward, and the overcrowding, of the various types of scarlet fever cases. It has been proved that if each individual case of scarlet fever can be nursed separately, that complications very seldom arise. The causative organism of scarlet fever, the haemolytic streptococcus, exists in a variety of types, each of which, in a susceptible person, can cause an attack of scarlet fever. When cases of scarlet fever are placed together in the same ward, cross infection between the various types of streptococci can occur, and I am of the opinion that the occurrence of complications in any individual case, is nearly always due to cross infection with another

type of the primary causative organism. With the commonest complications such as arose during the past year, namely running ears, or septic nasal discharges, the risk of disseminating infection is greatly increased because of the discharges, and I am sure that if these cases could be nursed in side wards, the risk of other cases in the main ward developing complications, would be greatly diminished.

The cases of diphtheria which were admitted during the year were noteworthy because of the extreme severity of the disease in nearly every case. Bacteriological examination showed that the causative organism, in most cases, belonged to the "gravis" type, the type which causes the highest mortality and complication rates.

Paralysis was not a common complication of the type of diphtheria admitted during the past year, and when it did occur, chiefly manifested itself as an affection of the soft palate. Two cases of intercostal paralysis occurred both of which recovered. The complication which was of the gravest importance was that due to the affection of the heart. Approximately one-third of all cases admitted shewed some evidence of damage to the heart, and heartblock of varying degree, was common. Of the cases who died, the majority died because of a progressive heart block, which in nearly every case, became complete. Of the cases which recovered, apparently normal heart function was restored before discharge.

SANITARY CIRCUMSTANCES OF THE AREA AND SANITARY INSPECTOR'S REPORT.

WATER.—The Sunderland and South Shields Water Company supplied the whole of the water to the Boldon Urban District during the past year. The supply has been satisfactory and no restrictions have been placed upon quantity.

During 1938 a statement was issued by the Sunderland and South Shields Water Company, the gist of which statement is as follows :—

The water supplied by the Company is pumped from twelve deep wells (an average depth of 400 feet) of

magnesium limestone and chemically and bacteriologically it is one of the purest in the country. Bacteriological Examinations over a period of thirty years have been uniformly given and there is no tendency to fluctuation in the composition or bacteriological content of the water. The wells at each pumping station are lined with brickwork or cast iron whenever it is necessary to exclude surface water, and in most cases the water is pumped into the surface reservoirs. Before delivery into the mains the water is not subject to any further purification treatment. The Company employs a full time qualified Analytical Chemist and Bacteriologist to examine the water from each well and reservoir monthly and the main supply, as represented by tap samples, weekly. The methods adopted are those adopted by the Metropolitan Water Board, and advocated by the Ministry of Health in the Public Health Report No. 71. "The Bacteriological Examination of Water Supplies." The strictest instructions as regards personal habits are issued to all Company's men engaged in any kind of work in the wells, to ensure that no risk of contamination occurs, and whenever such work is proceeding adequate tests are carried out more frequently. The area surrounding the wells is under constant supervision and inspection and all possible causes of pollution are inspected.

CHEMICAL AND BACTERIOLOGICAL EXAMINATION OF THE SUNDERLAND WATER SUPPLY.

<i>Chemical Analysis.</i>	<i>Parts per 10,000</i>
Total Solids	42.0
Chloride	3.60
Alkalinity	29.00
Total hardness (degrees)	25.6
Free Ammonia	nil.
Albuminoid Ammonia	0.0010
Nitrogen as Nitrate	0.20
Nitrogen, as Nitrite	nil.
Oxygen absorbed by permanganate (3 hours at 37° C.)	0.0017
P.H. Value	7.6
Suspended matter	nil.

For the year 1938 samples, numbering 209, taken from reservoirs and town supplies, showed that 79.9% were

entirely free from B.Coli in 100 cubic centimetres, 15.8% showed coliform organisms in 100 cubic centimetres, and none gave indications of coliform in 1 cubic centimetre.

During the past year two possible sources of pollution in this area received attention, one at Sunnyside Farm, Cleadon, and the other at Cleadon Hills Farm. The Bacteriologist to the Water Company assisted in the investigations in each case.

The Bacteriologist to the Water Company reported that the septic tank, which was under suspicion at Sunnyside Farm, Cleadon, appeared to be functioning satisfactorily, but nevertheless he considered that it would be much more satisfactory if the sewage from this farm could be discharged into a sewer. This is, however, at the present time impracticable.

As regards Cleadon Hills Farm, on the recommendation of the Water Company a new septic tank has been installed.

(ii) DRAINAGE AND SEWERAGE.—Two important extensions to the Council's Sewerage System have been made during the year.

(a) The Whitburn Outfall Sewer for the Housing Site and other developments at Whitburn.

Length 679 yards of 12in. and 9in. Stoneware Pipes at a cost of £1,107.

(b) The Marsden Outfall Sewer has been altered from discharging by means of an open pipe over the cliffs, to delivery below low water mark by means of a chamber and a 9 in. cast iron pipe laid in a bed of rock.

Length 250 feet, at a cost of £1,040.

2. RIVERS AND STREAMS.—Three new septic tanks of approved design have been laid down in different parts to purify effluent before final discharge into subsoil drains leading to streams.

3. (i) CLOSET ACCOMMODATION.—Seven privy conversions have taken place during the year and the ones shewn are situated far from a sewer.

In all cases of conversion a galvanised dust-bin of approved type is substituted as a receptacle for ashes, etc.

COMPARATIVE TABLE OF CONVERSIONS.

	1934	1935	1936	1937	1938
Ash Closets	2,556	303	102*	92	77
Water Closets . .	4,097	6,538	4,575	4,669	4,806
*Alteration in Area from South Shields Rural District to Boldon Urban District.					

PUBLIC CLEANSING.—The Council now scavenges the district with a system using their own vehicles. Three motors are employed, and a bi-weekly service for the removal of refuse has been maintained. Trade refuse from shops is collected for a nominal sum. Refuse is tipped at certain sites in the district where are situated disused clay pits. These sites are fairly well removed from the nearest habitations, but there is no control over the refuse, which is just tipped indiscriminately

During the past year there has been some trouble from fires at the tips and occasional complaints of smells arising from the tips, are received. I feel sure that if there were some control over the refuse, such as that given by covering the surface of the heap with incombustible material, such as soil, that such troubles as these tip fires and obnoxious smells would be avoided, and also that the tips would be rendered innocuous as a breeding place for flies, and as a harbourage for rats. Such a course would, undoubtedly, be of advantage to the district from a health point of view, both by the prevention of nuisances, and by the suppression of those factors, such as flies and rats, which may have a direct bearing upon the spread of disease.

(iii) SANITARY INSPECTION OF AREA.—

<i>Inspection and Visits.</i>	1938.
Number of complaints investigated	49
Number of inspections other than dwelling-houses	77
Number of inspections and visits to Dwelling-Houses under the Public Health Acts . .	552
Number of informal Notices served	12
Number of nuisances abated	14
Number of Statutory Notices served	1

FACTORY AND WORKSHOPS.

Number of Factories inspected	4
Number of workshops inspected	18
Nuisances	3
Lack of Cleanliness	3

INFECTIOUS DISEASES.

Number investigated	145
Number of houses disinfected	186
Lots of infectious bedding disinfected	185
Lots of infectious bedding destroyed	3

DRAIN TESTS.

Water Pressure :	Positive	21
	Negative	108
Volatile :	Positive	4
	Negative	9
Colour :	Positive	6
	Negative	24
Smoke :	Positive	nil.
	Negative	nil.

NATURE OF WORK DONE.

Choked drains cleared	27
Drains amended	2
Drains reconstructed	11
Rain Water pipes repaired and renewed	14
Sinks repaired or renewed	10
Additional W.C. Accommodation provided	12
Dustbins repaired or renewed	5

DWELLINGHOUSES.

Dampness excluded	73
Roofs repaired	46
Ventilation improved	62
Window cords repaired or renewed	57
Lighting improved ..	34
Kitchen ranges repaired	37
Washing accommodation provided	3
Handrails provided	—
Foodstores ventilated	23
New foodstores provided	3
Outbuildings repaired	64
General repairs executed	53
New Eavesgutters	9
New damp proof floors	57
Accumulation of manure removed	9
Yards and passage paving repaired	2
Yards repaved	1

(iv) SHOPS.

Inspections have been carried out during the year and due to action in previous years the state of the shops with regard to ventilation, temperature and sanitary conveniences is satisfactory.

(v) CAMPING SITES.

(1) One Camp Site has been licensed during the year 1938 on a plot of land, near a farm, capable of holding three caravans.

Water supply, ash accommodation and privies are provided.

No other Camp Site has been licensed and several caravan and tent sites have been closed down for camping.

(2) The number of Camping Sites in respect of which licenses have been issued under Section 269 of the Public Health Act, 1936, is one Site for three caravans.

(3) The estimated maximum number of campers resident in the area at one time during the summer season, 1938, was six on licensed Site.

NOTE.—There are cases of odd weekend campers and holiday camps for a period of several days occurring in the district. These campers pitch their tents on farm lands, and, so far, no nuisance has been created, and the sites are regularly inspected. This camping is very intermittent and does not come within the scope of Section 269 of the Public Health Act, 1936.

The maximum number of campers at any one time, including these people would be twenty.

(vi) SMOKE ABATEMENT.

During the past year considerable nuisance has been caused by the noxious emanations from the spoil heaps at Whitburn Colliery and at Boldon Colliery.

The Whitburn Colliery heap is burning vigourously and when the wind is in the East dense clouds of smoke and fumes arise from it, and blow over the Colliery Village. During the previous year the Colliery Company did make some effort to deal with this matter by trying to sort out the less combustible material from the more combustible material, and by dumping the latter at sea.

In view of the fact that no success was achieved by this method, further negotiations with the Colliery Company concerned were carried out. After much negotiation the Colliery Company did agree to try the effect of smothering the surface of the heap at Whitburn Colliery with incombustible material, such as soil, sand, quarry marl, etc. This work has only proceeded slowly, however, and up to the end of the year only approximately 1/3rd of the surface of the heap had been so treated. The emanation of fumes and smoke from that part of the heap so treated has been considerably reduced, in fact, almost blotted out, and I feel sure that if a vigorous policy of covering these heaps with incombustible material was adopted, and if the tipping of spoil upon the present burning heaps was stopped, that the nuisance arising from these heaps could be very quickly abated to a large extent.

(vii) SWIMMING BATHS AND POOLS.

There are no public or privately owned swimming baths or pools in the area.

(viii) VERMINOUS HOUSES.

(1)	(a)	Number of Council Houses found to be infested with bed bugs	2
		Number disinfested	2
	(b)	Number of other houses found to be infested with bed bugs	1
		Number disinfested	1

(2) In the Council Houses the walls of the affected room were stripped of wall paper, skirting boards and archiraves. All crevices and cracks were treated with a blow lamp. The walls were afterwards sprayed with paraffin.

The owner of the other house shown above carried out methods similar to the Council.

The new tenants were advised (1) to keep the wall free from paper (2) to wash the walls and floors over a period of six weeks with water and washing soda.

(3) There are no methods of ensuring that tenants effects are free from vermin in ordinary removals to Council Houses, and the population from the Clearance Areas has not yet been removed.

(4) The work of disinfection in Council Houses has been done by the Council's staff, and in other cases by owners and occupiers.

(5) Tenants entering a house which has been treated are advised on how to ensure freedom from vermin.

The Council enforces a minute to the effect that occupiers of Council Houses allowing a house to become infested shall receive notice to quit.

4. SCHOOLS.

The sanitary condition and water supply of the Schools in the district is satisfactory and it has not been necessary to take any action during the past year in respect of infectious disease amongst school children.

HOUSING.

1. INSPECTION OF DWELLINGHOUSES DURING THE YEAR, 1938.

(1) (a)	Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	262
(b)	Number of inspections made for the purpose	325
(2) (a)	Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	63
(b)	Number of inspections made for the purpose	126
(3)	Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	48
(4)	Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	14

2. REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICES :—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	113
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3. ACTION UNDER STATUTORY POWERS DURING THE YEAR :—

(a) Proceedings under sections 9, 10 and 16 of the Housing Act, 1936 :

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	22
(2) Number of dwelling-houses which were rendered fit after service of formal notice	22
(a) By Owners	22
(b) By Local Authority in default of Owners	Nil.

(b) Proceedings by Public Health Acts :

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	10
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—	
(a) By Owners	2
(b) By Local Authority in default of Owners	Nil.

(c) Proceedings under sections 11 and 13 of the Housing Act, 1936 :

(1) Number of dwelling-houses in respect of which Demolition Orders were made	4
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	8

(d) Proceedings under Section 12 of the Housing Act 1936 : Nil

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	Nil.
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	Nil.
4. HOUSING ACT, 1936.—PART IV.—OVERCROWDING	
(a) (i) Number of dwellings overcrowded at the end of the year	55
(ii) Number of families dwelling therein	57
(iii) Number of persons dwelling therein	321
(b) Number of new cases of overcrowding reported during the year	1
(c) (i) Number of cases of overcrowding relieved during the year	1
(ii) Number of persons concerned in such cases	5
(d) Particulars of any cases in which dwelling-houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding	Nil.

CLEARANCE AREAS, 1938.

Forty-five Council Houses are in course of erection in order to abate overcrowding and seventy-nine Council Houses are in course of erection for re-housing people from slum Clearance Areas, making a total of One hundred and twenty-four houses.

CLEARANCE ORDERS CONFIRMED.

The following Clearance Orders were submitted, the Public Enquiry held, and the Orders confirmed by the Ministry of Health, with the exceptions noted in the right hand column :—

BOG MIRES (WEST BOLDON) CLEARANCE ORDER.

1, Glebe Cottage.

2, Glebe Cottage.

3, Rectory Cottage.—One cottage excluded from area by Ministry of Health.

4, Bog Mires Cottage.

THE SQUARE, (WEST BOLDON) CLEARANCE ORDER.

14, Rectory Bank.

16, " "

18, " "

20, " "

22, " "

24, " "

26, " "

28, " "

30, " "

THE FOLLY NO. 2, (WEST BOLDON) CLEARANCE ORDER.

17, The Folly—One cottage excluded from Area by
Ministry of Health

4, " "

6, " "

7, " "

8, " "

9, " "

CHICK'S LANE (WHITBURN) CLEARANCE ORDER.

1, Chick's Lane.

2, " "

3, " "

4, " "

5, " "

STAFFORDS LANE (WHITBURN) CLEARANCE ORDER.

20, North Guards, Whitburn.

22, " " "

24, " " "

1, Staffords Lane, Whitburn.

2, " " "

3, " " "

4, " " "

5, " " "

6, " " "

One Store House.—This store house was excluded
from the Area by the
Ministry of Health.

BELLS YARD, (CLEADON) CLEARANCE ORDER.

17, Front Street, Cleadon—One tenement was ex-
cluded from the Area by
the Ministry of Health.

19, " " "

21, " " "

CLEARANCE ORDERS SUBMITTED PREVIOUSLY CONFIRMED DURING 1938.

Bowman's Yard, Whitburn—3 Cottages.
 Kingarth Court, Whitburn.—4 Cottages.
 Rectory Bank, West Boldon.—5 Cottages.
 The Folly, West Boldon.—2 Cottages.

INSPECTION AND SUPERVISION OF FOOD.

(a) MILK SUPPLY.

Dairies and Cowsheds have been inspected regularly during the year, and the following visits and inspections have taken place :—

Visits and inspections of Dairies and Cowsheds..185

There are 41 farms producing milk and there are 37 Producers. Three of these farms are licensed to produce Tuberculin Tested Milk and thirteen are licensed to produce Accredited Milk.

The Council issues two licenses in respect of milk bottled at places other than the place of Production.

One dealer is licensed to sell Pasteurised Milk.

All the Tuberculin Tested and Accredited Producers use steam for the sterilisation of their utensils and seven of the non-accredited farms use steam sterilisers as well.

Generally there is a high standard of clean milk production throughout the district and the buildings are in good condition.

In no case does a dairy connect directly with a cowshed, and in 95 per cent. of the farms the pothouse or the place of washing or sterilisation is also entirely separated from the dairy proper, where cooling and bottling take place.

Defects remedied in Dairies and Cowsheds :—

Floors relaid	2
Walls cement rendered	2
Light improved	2
Ventilation improved	1
Water supply introduced into Cowshed	1
Drainage amended	3
New Cowsheds built	1

One new byre has been built and reconstruction has been carried out at three other farms.

The results of the examinations for Bacteriological Analysis are as follows :—

Sample No.	Total No. of Micro Organisms per 1 Cubic centimetre.	Coliform Content.				Methylene Blue Test.	Grade of Milk.
		1c.c	.1	.01	.001c.c		
1	18,500	+	+	+	+		Ordinary
2	404,000	—	—	—	—		do.
3	3,300	—	—	—	—		do.
4	7,600	+	—	—	—		do.
5	21,800	+	+	—	—		do.
6	1,280,000	+	+	+	+		do.
7	628,000	+	+	+	+	unsatisfactory	T.T.
8	620,000	—	—	—	—	do.	T.T.

There have been eight samples taken for bacteriological count from farms where results might be expected to be poorest.

The County Council has sampled the Accredited Farms

The unsatisfactory T.T. milk was reported to the County Council, and following this the dealer, who was delivering the milk from another district, was suspended.

(b) MEAT AND OTHER FOODS.

There are nine butchers who kill beasts, sheep and pigs in the area but four of these kill only sheep and lambs and buy other meat dead.

No. of registered slaughter-houses 10

No. of Licensed slaughter houses 2

The Co-operative Society have three registered slaughter-houses. There is one Pork Butcher's shop and one other butcher's shop with slaughter-houses in adjacent towns.

All the butchers, killing in the area, deal in prime meat only. Notification of slaughtering is written and any other slaughtering outside these fixed times is notified by messages.

Inspection takes place on the day of killing, within three hours of the carcasses being dressed.

One ante-mortem examination took place at the butcher's request. This case was one of Swine Erysipelas, the butcher notifying that his animals were ill. The slaughter-houses and butcher's shops where food is prepared are inspected weekly and Four Hundred and Seventy-one visits to butcher shops and slaughterhouses have been made during the year.

There are no meat stalls in the area, and the vehicles selling meat are delivery vans from the shops.

CARCASES INSPECTED AND CONDEMNED.

	Cattle, excluding Cows.	Cows.	Calves.	Sheep and Lambs.	Pigs.
Number killed	264	..	10	500 plus	200
Number inspected	264	..	10	500	200
All diseases except Tuberculosis. Whole carcasses condemned .....	..	..	..	..	2
Carcases of which some part or organ was condemned	21	..	..	5	2
Percentage of the number inspected affected with disease other than tuberculosis	7.95%	..	..	1%	1%
Tuberculosis only. Whole carcasses condemned .....	..	..	..	..	..
Carcases of which some part or organ was condemned ..	15	..	..	..	1
Percentage of the number inspected affected with Tuberculosis	5.6	..	..	..	0.5%

ADULTERATION OF FOOD.

The County Council have taken samples under the Food and Drugs Acts during the year.

CHEMICAL AND BACTERIOLOGICAL EXAMINATION OF FOOD.

The laboratories at the King's College, Newcastle-on-Tyne are used for this purpose.

The nature of work done is the Bacteriological Examination of Milk Samples.

NUTRITION.

No steps have been taken.

SHELLFISH.

There are no shell-fish beds in the area.

GERRARD HART,
Sanitary Inspector.

PREVALENCE AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

During the year ending 31st December, 1938, 195 cases of infectious disease, excluding tuberculosis, were notified. This compares with a figure of 115 for the preceding year.

The year was noteworthy for the very high incidence of Scarlet Fever and Diphtheria which occurred in the district. This incidence was the highest which there has been for several years back. One point of interest about these two diseases is the high attack rates for both these two diseases which occurred in the Whiteleas, Whitburn Colliery and Whitburn Wards. This fact may probably be explained, in part, by the proximity of these villages to South Shields, where there has been a very high incidence of these two diseases during the past year. The inhabitants of these villages chiefly use South Shields as a shopping centre, and it is a fact that in the vast majority of cases of Scarlet Fever or Diphtheria which were admitted to hospital from these villages, a history of a visit to South Shields on one of the preceding few days could be elicited.

SCARLET FEVER.

113 cases have been notified as having occurred during the year. The notification figure is 6.8 per 1,000 of the population as compared with a notification figure of 2.41/1000 for England and Wales, as a whole. Two deaths have resulted from Scarlet Fever, one due to Broncho Pneumonia as a complication, and the other due to heart failure.

This disease has manifested itself clinically in a diversity of forms and those cases, which, on admission to hospital, presented what may be termed the true clinical picture of Scarlet Fever, have been comparatively rare. In type the cases have ranged from the very severe to the very mild, but on the whole, the disease might be said to have been fairly mild.

There has been quite a number of cases sent into hospital as Scarlet fever, which, on admission have only been found to be suffering from a sore throat, with no rash. There has also been several cases in which the rash has been a typical and transient (often only lasting a few hours) in character. Whether these cases may be

classed as true cases of Scarlet Fever is problematical, and possibly a fairer diagnosis would be simply that of tonsillitis. The borderline between the various streptococcal throat infections, is however, very vague and in many cases it is impossible to make a true diagnosis. One fact about this type of case I am certain of, however, is that these so called atypical types would, in the majority of cases, be much better off if they were treated at home instead of being sent into hospital, where they stand the chance of being cross infected with some other type of streptococcal infection, and possibly developing some complication as a result of this.

One other point of interest about the cases of Scarlet Fever which have been admitted to hospital, is the high percentage of cases which have been admitted suffering from glandular swellings in the neck. In many cases these swellings have developed very rapidly and gone on to suppuration. Usually these abscesses have declined very quickly after incision and have given no further trouble.

In a few instances, cases of Scarlet Fever which are now occurring, owing to the mildness of the prevalent type, could be suitably nursed at home. This would in times of epidemic such as the past year, greatly relieve the pressure of work at the Isolation Hospital. There is at present a much too hurried desire on the part of many practitioners and parents to have any suspected case of Scarlet Fever rushed to hospital.

DIPHTHERIA.

During 1938, 59 cases were notified as diphtheria, the highest figure for many years back.

The notification figure is 3.55/1,000 of the population compared with 1.58 per 1,000 for England and Wales as a whole.

Eight deaths occurred from the disease. The diphtheria which has been prevalent in the district has been uniformly of a very severe type. Of all the cases which have been admitted to hospital, it has been rare to find a case which might be classified as mild. At regular intervals, the organism producing the disease in individual cases has been typed. In every case, the causative organism has been found to be the *Bacillus*

Diphtheriae Gravis, and I am of the opinion that the majority of cases admitted to hospital during the past year have been due to infection by this organism. This organism is usually responsible for the severest clinical type of the disease and for the highest mortality and complication rates. This extremely severe type of diphtheria has not only been epidemic in the Boldon Urban District, but it has also been epidemic in the neighbouring districts, and the County generally.

One fact which has given me concern during the past year, has been the long interval of time between the onset of the disease and the admission to hospital. Investigation has shown this period to be, on the average three to four days. Since, in many cases, no antitoxin is given until admission to hospital, this fact has a serious adverse effect upon the mortality and complication rates. I believe that this delay is chiefly due to the parents putting off sending for the doctor, and waiting until their child is really ill before they call him in.

A letter was sent to all the practitioners serving the area, pointing out these facts, and asking for their co-operation in securing an early diagnosis, and treatment.

In an effort to further control the disease, the expedient was adopted of swabbing the throats of all recent contacts, (usually the rest of the family) when a case of diphtheria was notified. As a result of this, two carriers (proved bacteriologically by virulence tests) were found. These cases were isolated, at home, until they became negative.

Diphtheria Antitoxin is supplied free of charge to all general practitioners in the district. This is used in some cases, but I would like to see a freer use of the Antitoxin made in actual and doubtful cases. Many cases are still admitted to hospital without having received any Antitoxin, or only a small dose.

DIPHTHERIA IMMUNISATION.

During 1937 a scheme of immunisation against Diphtheria was introduced, but the response to the scheme was very poor. During 1938, it was decided to push the scheme more vigourously. A circular letter, addressed to all parents and guardians in the Boldon

Urban District, pointing out the advantages of immunisation and advising them to have their children immunised, was printed. This circular letter was sent through the post to every householder in the district, thus establishing the closest possible contact with the population at large. In addition, special posters were prominently displayed throughout the district, and smaller placards exhibited in the waiting-rooms at the local medical practitioners, and in shop windows.

The immunisations were done by the local medical practitioners, at a fixed fee, payable by the Council. The technique adopted was the giving of one injection of 0.5cc of Messrs. Parke, Davis & Co's. Alum Precipitated Toxoid. This was supplied free to all the practitioners in the area.

The response to this appeal has been fairly good and up to the 31st December a total of 1,319 children were immunised in the district.

The figures for the respective schemes are :—

No. of children immunised :—

1st Scheme 1937	169
2nd Scheme 1938	1,150
	<hr/>
	Total..1,319
	<hr/>

MEASLES, WHOOPING COUGH, INFLUENZA AND ERYSYPELAS.

There was apparently no widespread epidemic of any of these infectious diseases.

Whenever beds are available at the hospital, and of these diseases would be admitted if institutional treatment would be of any benefit.

PNEUMONIA.

Only ten cases were notified. This gives a notification rate of 0.6 per 1,000 of the estimated population, as compared with a figure of 1.10 per 1,000 of the estimated population of England and Wales.

ENTERIC FEVER.

One case was notified. This case was isolated and treated at home. No obvious source of infection could be traced, and it was probably one of these sporadic cases which occur from time to time.

SMALLPOX.

No cases were notified.

NOTIFICATION OF INFECTIOUS DISEASE.

This has not been very satisfactory. Whilst most cases are notified promptly to the hospital by telephone, when removal of the case was wanted, the sending of the written notification was often considerably delayed. This fact was pointed out to the general practitioners in a letter, and whilst this had a temporary effect, the result has not been maintained.

DISINFECTION.

Disinfection of premises has been carried out by your officers in the removal of any case of diphtheria or scarlet fever, or on the termination of the period of isolation of the disease if the disease has been nursed at home. The clothing and bedding of the patient is disinfected in the steam disinfector, at the hospital. Disinfections are also carried out at houses where the death or removal of a person suffering from tuberculosis has occurred.

The incidence of infectious disease (except T.B.) as notified in the district during 1938, together with the number of cases admitted to hospital and the number of deaths is shewn thus :—

Disease.	Total cases Notified	Cases admitted to hospital.	Deaths.
Scarlet Fever	113	116	2
Diphtheria	59	55	8
Pneumonia (all forms) ..	10	..	9
Enteric Fever	1	..	..
Erysipelas	9	..	..
Puerperal Pyrexia	3	..	1
Puerperal Sepsis .....	..	..	..
Cerebro-spinal Fever....	..	..	..
Small-pox .....	..	..	..
Opthalmia Neonatorum	2	1	..
Total	197	172	20

The number of notifications of the chief infectious diseases during the quinquenium preceding 1938, is shewn thus :—

NOTIFIABLE DISEASES.		Diphtheria	Erysipelas	Scarlet Fever	Enteric Fever	Pulmonary Tuberculosis	Non-Pulmonary Tuberculosis	Ophthalmia Neonatorum	Pneumonia	Puerperal Pyrexia	Encephalitis Lethargica	Smallpox	Cerebro-spinal Meningitis
SOUTH SHIELDS RURAL DISTRICT.													
Year.	Population.												
1933	21,000	3	26	90	..	23	21	..	46	7	..	..	..
1934	22,170	4	17	64	..	26	18	1	53	3	..	..	..
1935	21,990	4	19	85	..	17	17	2	43	3	..	..	..
BOLDON URBAN DISTRICT.													
1936	17,000	8	15	92	..	18	11	2	21	3	..	..	..
1937	16,740	45	10	34	..	12	6	2	21	2	..	..	..
1938	16,620	59	9	113	1	10	7	2	10	3	..	..	..

The following table shews the age incidence of each of the infectious diseases, and the incidence of the disease in each of the various wards :—

TABLE II.

BOLDON URBAN DISTRICT.

CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1938.

NOTIFIABLE DISEASE.	NUMBER OF CASES NOTIFIED.											TOTAL CASES NOTIFIED IN EACH WARD.							Total removed to Hospital
	At all ages	AT AGES—YEARS.										Marsdenre	East Baldon	West Baldon	Baldon Colliery	White-leas	Cleaddon		
		Under 1 Year	1—2	2—3	3—4	4—5	5—10	10—15	15—20	20—35	35—45							45—65		65 and upwards
1 Smallpox .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
2 Chicken-pox .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
3 Cholera .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
4 Malaria	1	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..	..
5 Diphtheria (including Membranous Croup)	56	1	1	3	7	22	15	1	5	1	1	2	4	8	9	1	11	1	55
6 Erysipelas	8	..	..	..	1	43	29	13	1	2	2	..	..	30	1	7	6	9	116
7 Scarlet Fever	116	1	4	5	11	..	..	..	..	8	2	..	..	..	7	47	..	1	..
8 Typhus Fever .. .. .	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..
9 Enteric Fever	1	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
10 Relapsing Fever .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
11 Continued Fever .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
12 Puerperal Fever .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..
13 Puerperal Pyrexia	3	..	..	..	..	..	..	1	1	1	1	..	..	..	..	..	..	..	..
14 Cerebro-Spinal Meningitis	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
15 Poliomyelitis .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
16 Ophthalmia Neonatorum	2	2	..	..	..	..	..	..	..	..	..	..	..	..	..	1	..	..	1
17 Pulmonary Tuberculosis	10	..	..	..	..	..	..	..	1	7	..	2	2	1	1	5	4	..	..
18 Other forms of Tuberculosis	7	..	..	1	..	2	2	2	2	..	..	..	..	1	1	..	..	..	..
19 Encephalitis Lethargica	..	..	..	..	..	..	..	..	..	..	1	..	..	..	2	7	..	..	..
20 Pneumonia	11	1	..	..	1	..	..	1	..	..	..	..	3	..	..	..	..	1	..
Totals	215	3	2	6	9	20	67	46	18	23	7	9	4	40	21	93	17	12	172

TUBERCULOSIS.

During the past year, ten cases of Pulmonary Tuberculosis and seven cases of Non-Pulmonary Tuberculosis were notified.

Eight deaths occurred from Pulmonary Tuberculosis and one from Non-Pulmonary Tuberculosis.

TABLE VI.

NEW CASES OF TUBERCULOSIS AND MORTALITY DURING THE YEAR 1938.

AGE PERIODS.	NEW CASES.				DEATHS.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
0-1 .....	..	..	..	..	..	..	..	..
0-5 .....	..	..	1	..	..	..	..	..
5-15 .....	..	..	..	4	..	..	..	..
15-25	1	3	..	2	1	1	..	1
25-35	5	1	..	..	2	2	..	..
35-45	1	1	..	..	1	1	..	..
45-55	1	..	..	..	..	..	..	..
55-65 .....	..	..	..	..	..	..	..	..
65 and upwards	1	1	..	..	..	..	..	..
Totals	9	6	1	6	4	4	..	1

One death occurred from non-notified Tuberculosis. I have no reason to believe that the notification of Tuberculosis in this area is unsatisfactory, and it has not been necessary to take action in any case of wilful neglect or refusal to notify.

